

POSITION	ID NO.	DATE
CLASSIFIER	6	20-97
EXAMINER		
TYPIST	444	3-6-97
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	12-97
2	12-97
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	N
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
51	12-97
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	N N N N
79	N N N N
80	✓ ✓ ✓ ✓
81	✓ ✓ ✓ ✓
82	N N N N
83	✓ ✓ ✓ ✓
84	✓ ✓ ✓
85	✓ ✓ ✓
86	✓ ✓ ✓
87	✓ ✓ ✓
88	✓ ✓ ✓
89	N N N N
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	- + N
100	✓ ✓ ✓